

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 8/29/09

**Address:** SKUNK RUN ROAD

**Case #:** PO 09-061D

POSEY CO INDIANA

**County:** Poscy

47620

## **Type of Laboratory Seizure (check one)**

- ☐ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☒ Dumpsite (only)

## **Seizure Location (check all that apply)**

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open - No Structure  
☐ Other: \_\_\_\_\_

## **Items Found: Location (bedroom, kitchen, open air, etc)**

**(check all that apply)**

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☒ Anhydrous Ammonia: TRACE  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: 1 QT  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered (check one)**

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: CITIZEN TIP

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: BLACK TOWNSHIP FD

Fax: \_\_\_\_\_

Health Department: POSEY CO HEALTH

Fax: \_\_\_\_\_

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: KENNETH ROSE Phone 812-307-0047

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.